



DEPARTMENT OF HEALTH

HEALTH AND MEDICAL SERVICES

Community Health Services
Disease Prevention
Family Health
Health Promotion

Dear All Women Count! Chronic Disease Screening participant:

As part of your All Women Count! Chronic Disease Screening, I wanted to make you aware of a program that may be able to assist you obtain the prescribed medicine needed to treat your health condition.

All Women Count! Chronic Disease Screening Rx Access is a program that will assist you to apply to patient assistance programs sponsored by drug companies. While not all women are eligible to receive medication through this program and not all medications are covered, medications may be available at a low or no cost to you. The first step to start this process is to complete a All Women Count! Chronic Disease Screening Rx Access application. One has been attached to this letter.

Please complete all the information asked for on the application. Ask your pharmacist to print a copy of all medications you have been prescribed in the past 6 months and include the printout with the application. When listing the physician's information, use their first and last name, the name of the clinic and street address (not the post office box). List all medications you are now taking on page 2 of the application. Be sure to include all medicine not prescribed by you doctor and any vitamins or herbal supplements. Incomplete forms may delay you getting your medicine. Expect 6 to 8 weeks for the medication to be delivered to you. Sign and the application and return it to:

Colette Beshara
All Women Count! Chronic Disease Screening Program
South Dakota Department of Health
615 E. 4th Street
Pierre, SD 57501

Remember that the All Women Count! Chronic Disease Screening Rx Access program doesn't purchase medications for you but will help you gain access to patient assistance programs sponsored by drug companies.

If you have any questions, please call me at (605) 773-7046 or 1-800-738-2301.

Sincerely,

Colette Beshara



All Women Count! Chronic Disease Screening Rx Access Intake Form

Date: _____ Yearly Household Income: \$ _____

Client Name: _____
First MI Last

Number of people supported by the yearly household income: _____

Address: _____

City/State/Zip: _____

Physician: _____
First MI Last

Telephone Number: _____

Clinic: _____

Date of Birth: _____

Clinic Street Address: _____
(DO NOT use PO Box)

Social Security #: _____

Married _____ Single _____ Widowed _____

City/State/Zip: _____
First MI Last

Do you currently have any insurance plan or state aid that pays for prescription drugs?
_____yes _____no

Telephone Number: _____

Nurse/Contact Person: _____

> I give my permission to health professionals providing service to me to release to the All WomenCount! Chronic Disease Screening Rx Access program information with respect to myself that may be related to the All Women Count! Chronic Disease Screening Rx Access application, including any relevant review of drug therapy.

Client's Signature _____ Date: _____

Mail this intake form and 6 month pharmacy printout to:

Colette Beshara, SD Dept of Health, 615 East Fourth Street, Pierre SD, 57501

If you are assisting with the completion of this intake form and applications, please list your name, address and telephone number below.

Name: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

****An incomplete application will delay processing.**

Please list all medications on the next page

List below all current medications including dosage, frequency (one a day, twice a day, before meals, at bedtime, etc), form (pill, milliliter, teaspoon, puff, drop, units), why you are taking it and how long have you taken it. Remember to include over-the-counter medications such a daily aspirin, vitamins and herbal supplements.

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